

# Preview of the Attestation System for the Medicare Electronic Health Record (EHR) Incentive Program

The Medicare EHR Incentive Program provides incentive payments to eligible professionals, eligible hospitals and critical access hospitals that demonstrate meaningful use of certified EHR technology. These providers register to participate in the program through CMS' web-based Medicare and Medicaid EHR Incentive Program Registration and Attestation System.

During Attestation, eligible professionals, eligible hospitals, and critical access hospitals report numerator, denominator, and exclusion results (if applicable) for the meaningful use objectives and attest that they have successfully met the requirements of the program. Once eligible professionals, eligible hospitals and critical access hospitals have completed a successful online submission through the Attestation System, they qualify for a Medicare EHR incentive payment.

#### The Attestation System for the Medicare EHR Incentive Program will open on April 18, 2011.

This preview includes attestation screenshots and is intended to give examples of what the attestation process will look like. Please note that these screenshots are only examples—the final appearance and language may incorporate additional changes.

CMS will release additional information about the attestation process soon, including User Guides that will give step-by-step instructions for completing attestation and educational webinars that describe the attestation process in depth.

For the Medicaid EHR Incentive Program, providers will follow a similar process using their state's Attestation System. Review the states' scheduled launch dates of their Medicaid EHR Incentive Program.

For detailed information about the Medicare and Medicaid EHR Incentive Program, please visit the <a href="Medicare">CMS</a> EHR website.

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# Medicare & Medicaid EHR Incentive Program Registration and Attestation System

Welcome to the Medicare & Medicaid EHR Incentive Program Registration & Attestation System

#### About This Site

The Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs will provide incentive payments to eligible professionals and eligible hospitals as they demonstrate adoption, implementation, upgrading, or meaningful use of certified EHR technology. These incentive programs are designed to support providers in this period of Health IT transition and instill the use of EHRs in meaningful ways to help our nation to improve the quality, safety, and efficiency of patient health care.

This web system is for the Medicare and Medicaid EHR Incentive Programs. Those wanting to take part in the program will use this system to register and participate in the program.

Additional Resources: For User Guides to Registration and Attestation that will show you how to complete these modules, a list of EHR technology that is certified for this program, specification sheets with additional information on each Meaningful Use objective, and other general resources that will help you complete registration and attestation, please visit CMS website

**Eligible to Participate** - There are two types of groups who can participate in the programs. For detailed information, visit <u>CMS website</u>.

#### Eligible Hospitals

Medicare Eligible Hospitals include:

- Subsection (d) hospitals in the 50 states or DC that are paid under the hospital inpatient prospective
  payment system. Hospitals in Maryland may also participate per law.
- Critical Access Hospitals (CAHs)

Medicaid Eligible Hospitals include:

- Acute Care Hospitals with at least 10% Medicaid patient volume. May include CAHs and cancer hospitals.
- · Children's Hospitals

■ Eligible Professionals (EPs)

CONTINUE

Screenshot A is the first screen of the Attestation System. Selecting the *Eligible Hospitals* or *Eligible Professionals* (*EPs*) link expands to display additional information about which hospitals or professionals are eligible to participate. Selecting the link again collapses the additional information. Clicking the *Continue* button takes the user to the *Login* page.





# Medicare & Medicaid EHR Incentive Program Registration and Attestation System

# Login **Login Instructions** (\*) Red asterisk indicates a required field. Eligible Professionals (EP) • If you are an EP, you must have an active National Provider Identifier (NPI) and have a National Plan and Provider Enumeration System (NPPES) web user account. Use your NPPES user ID and password to log into this system. • If you are an EP who does not have an NPI and/or an NPPES web user account, navigate to NPPES 🗗 to apply for an NPI and/or create an NPPES web user account. Eligible Hospitals • If you are an Eligible Hospital, you must have an active NPI. If you do not have an NPI, apply for an NPI in NPPES 🖾 . . Users working on behalf of an Eligible Hospital(s) must have an Identity and Access Management system (I&A) web user account (User ID/Password) and be associated to an organization NPI. If you are working on behalf of an Eligible Hospital(s) and do not have an I&A web user account, Create a Login in the I&A System. Account Management • If you are an existing user and need to reset your password, visit the I&A System. . If you are having issues with your User ID/Password and are unable to log in, please contact the EHR Incentive Program Information Center at 888-734-6433 / TTY: 888-734-6563. WARNING: Only authorized registered users have rights to access the Medicare & Medicaid EHR Incentive Program Registration & Attestation System. Unauthorized access to this system is forbidden and will be prosecuted by law. By accessing this system users are subject to monitoring by system personnel. Anyone using this system expressly consents to monitoring and is advised that if such monitoring reveals possible evidence of criminal activity, system personnel may provide the evidence of such monitoring to law enforcement officials. \* User ID: \* Password:

Screenshot B is the Login page. Here the user will enter his or her User ID and Password.

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#### Medicare & Medicaid EHR Incentive Program Registration and Attestation System

Home Registration Attestation Status Account Management

#### Welcome Nichole Davick

Last Successful Login: 11/24/2010 | Unsuccessful Login Attempts: 0

#### Notifications

Welcome to the Medicare & Medicaid EHR Incentive Program Registration & Attestation System

For Medicare EHR incentive program participants, you will need to demonstrate meaningful use of certified

For Medicaid EHR incentive program participants, you will need to demonstrate adoption, implementation, upgrading, or meaningful use of certified EHR technology in your first year and demonstrate meaningful use for the remaining years in the program. Attestation for Medicaid occurs through your State Medicaid Agency.

#### Instructions

#### Registration Tab

Please select the Registration tab above to perform any of the following actions:

- . Register in the Incentive Payment Program
- · Continue Incomplete Registration
- Modify Existing Registration
- · Resubmit a Registration that was previously deemed ineligible
- · Reactivate a Registration
- · Switch Incentive Programs (Medicare/Medicaid)
- Switch Medicaid State
- · Cancel participation in the Incentive Program

#### Attestation Tab

Please select the Attestation tab above to perform any of the following actions:

#### Medicare

- · Attest for the Incentive Program
- · Continue Incomplete Attestation
- Modify Existing Attestation
- · Discontinue Attestation
- · Resubmit failed or rejected Attestation
- · Reactivate canceled Attestation

Note: Attestation for the Medicaid incentive program occurs at the State Medicaid Agency.

Please select the Status tab above to perform the following action:

• View current status of your Registration, Attestation, and Payment(s) for the Incentive Program

#### Account Management Tab

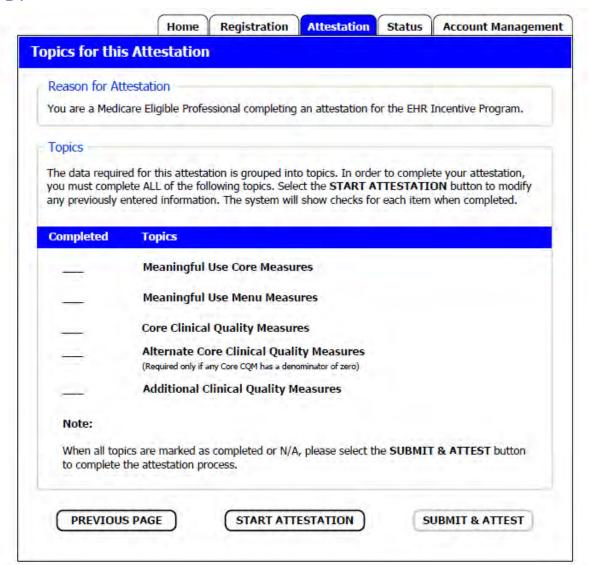
Please select the Account Management tab above to perform the following action:

Screenshot C is the home page of the Registration and Attestation System. From here, the user can navigate to the Registration and Attestation tabs. By clicking the Status tab, the user can view the



current status of their registration, attestation, and payment(s). To begin attestation, the user can click on the *Attestation* tab.

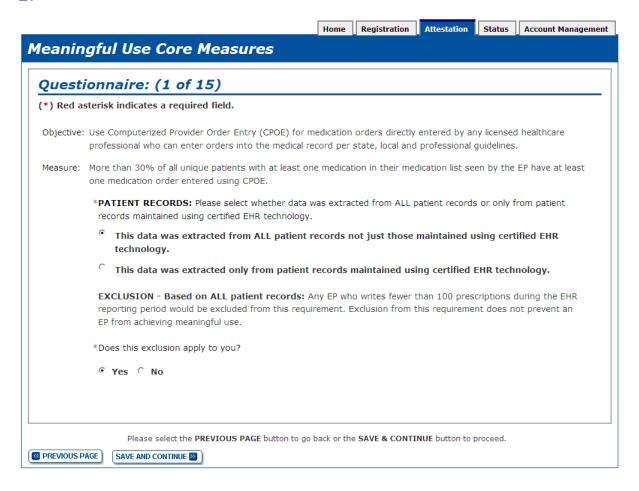
### D.



Screenshot D is the first screen after clicking the *Attestation* tab. Shown here are all of the attestation topics the user must complete in order to attest to successfully demonstrating meaningful use and receive an incentive payment. After each topic has been completed, a check mark will be placed in the completed tab next to the topic. Clicking on the *Start Attestation* button will bring the user to the first meaningful use core measure question.



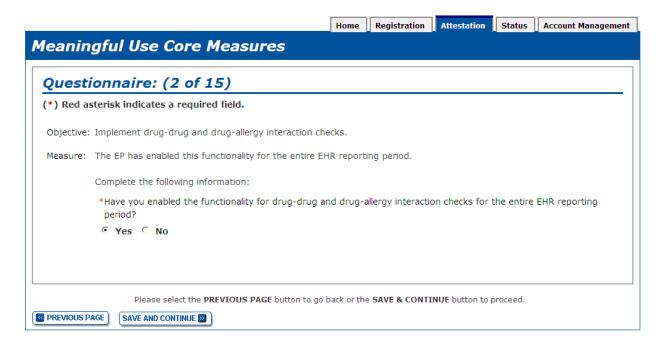
E.



Screenshot E is the first question of the meaningful use core measures for eligible professionals. Eligible professionals must answer and meet all 15 of the core measures. Certain core and menu measures can be based on either all patient records or only those records maintained in certified EHR technology. Where appropriate, the eligible professionals must indicate how data from patient records was extracted. Certain core and menu measures also provide exclusions based on specific requirements. Eligible professionals may be excluded from meeting an objective if they meet the circumstances of the exclusion.



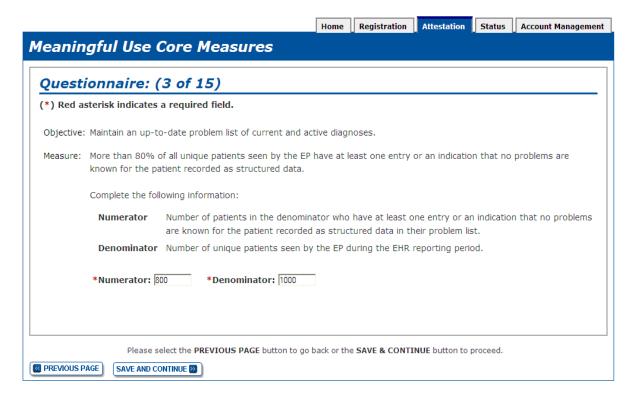
F.



Screenshot F shows question two of the meaningful use core measures, where an eligible professional is required to answer either Yes or No in order to indicate whether they have met the measure.



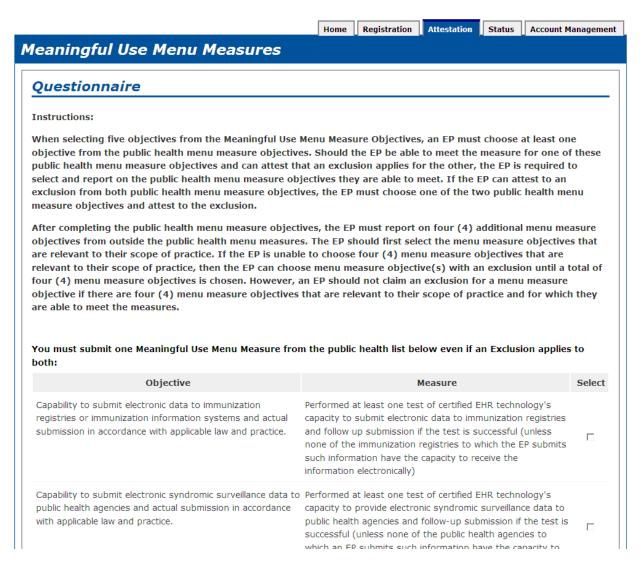
## G.



Screenshot G shows question three of the meaningful use core measures, where an eligible professional is required to enter a numerator and denominator. The numerator and denominator are defined for every core and menu measure where they are required.



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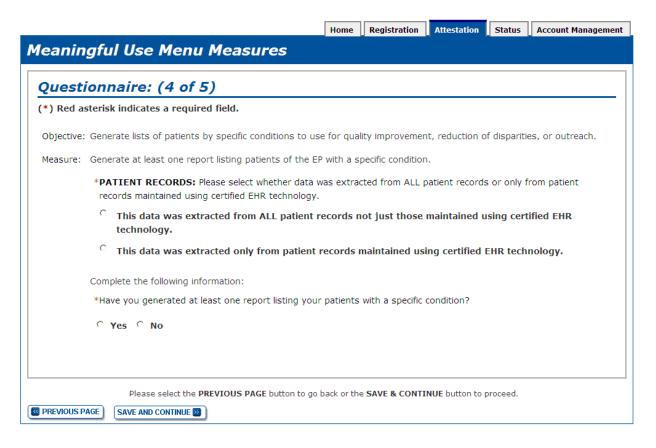


Screenshot H is the top half of the selection screen for the meaningful use menu measures. Eligible professionals must select five out of 10 of the meaningful use menu measures to meet. The user will need to place a check in the column located to the right of the listed objective and measure they choose to meet. After selecting the five measures he or she chooses to meet, the user can begin to answer each measure's questions.

Please note that the instruction language on this screen will change in the final Attestation System to indicate that eligible professionals may select either one public health objective and four additional objectives, or both public health objectives and three additional objectives.



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Screenshot I is an example of a meaningful use menu measure question in the eligible professional Attestation System. The menu measure questions follow the same format as the core measure questions.

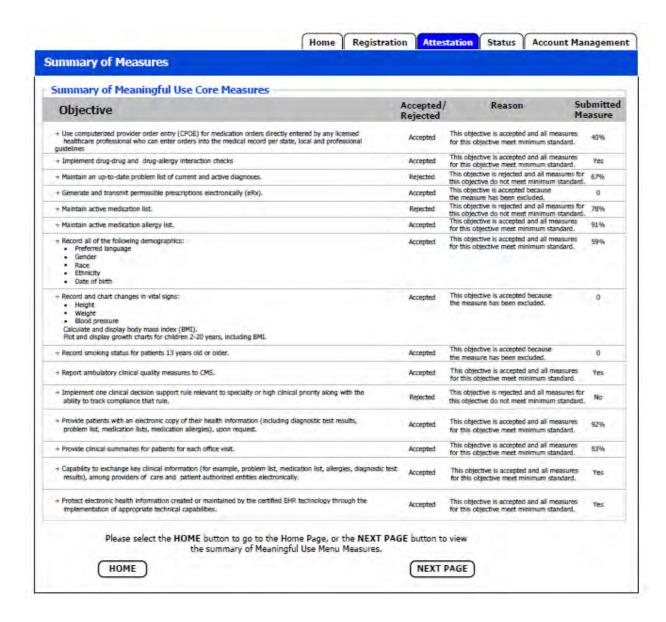


Home	Registration	Attestation	Status	Account Management
Clinical Quality Measures				
Questionnaire: (2 of 3)				
(*) Red asterisk indicates a required field.				
Instructions: All three Core Clinical Quality Measures must be submitted. For each Core Clinical Quality Measure that has a denominator of zero, an Alternate Core Clinical Quality Measure must also be submitted.				
NQF 0028 / PQRI 114				
Title: Preventive Care and Screening Measure Pair				
a. Tobacco Use Assessment  Description: Percentage of patients aged 18 years and older who have been seen for at least 2 office visits who were queried about tobacco use one or more times within 24 months.				
Complete the following information:				
*Denominator: *Numerator:				
b. Tobacco Cessation Intervention				
<b>Description:</b> Percentage of patients aged 18 years and older identified as tobacco users within the past 24 months and have been seen for at least 2 office visits, who received cessation intervention.				
Complete the following information:				
*Denominator: *Numerator:				
Please select the <b>PREVIOUS PAGE</b> button to go back or	the SAVE & CONTI	NUE button to	proceed.	
■ PREVIOUS PAGE   SAVE AND CONTINUE    ■				

Screenshot J is an example of a core clinical quality measure question. Eligible professionals must answer all three of the core clinical quality measure questions. If they provide a denominator of zero for any of the core measures, they will be prompted to select alternate core quality measures for those measures. Eligible professionals must then select three additional quality measures and answer questions on those measures. As shown above, eligible professionals will enter a denominator and numerator for each clinical quality measure.



# K.



Screenshot K is the *Summary of Measures* page that will be shown after complete information for all of the core, menu, and clinical quality measures has been entered and an attestation has been submitted. Eligible professionals will learn immediately whether their attestation has been successful or whether it has failed. This page shows which measures have been accepted or rejected.

